APPLICATION FOR PRE-REGISTRATION FOR REGISTRANT INFO SERVICE SEARCHES FOR DRS COMPLAINT ASSISTANCE

Please complete this form electronically, then print, sign, and return to The Domain Name Commission, at:
Domain Name Commission Limited
P O Box 11881
Wellington 6142
New Zealand

Complete this section if you are requesting pre-registration on behalf of an organisation:

1. Name of organisation

2. Trading name (if applicable)

3. Name of contact person

4. Names and details of employees if seeking to pre-register more than one person
Complete this section if you are requesting pre-registration on behalf of an individual:

5. Name

6. Date of birth

7. Occupation

All applicants to complete the following:

8. Address

9. Phone (day)

10. Phone (mobile)

11. Phone (after hours)

12. Fax

13. Email

14. Evidence provided in support of the applicant’s role in DRS cases and why you are seeking pre-registration;

Please describe the evidence that you are enclosing here, then attach to the hard copy of this form.
15. Declarations - please tick one of the following boxes, and sign your declaration below.

a) I confirm that I am aware of the .nz policies, and undertake not to misuse the application process

b) I will only request information where I am duly authorised to act.

Signed ____________________

Print name ____________________

Date ____________________